**General Measures**
- Control bleeding with local hemostatic measures
- Initiate appropriate resuscitation measures, including blood products
- Insure adequate urine output
- STOP any anticoagulant/antiplatelet agent if not already done, and record time of last dose
- Laboratory Orders STAT: CBC, BMP, fibrinogen, Thrombin Time, aPTT, PT/INR, Trauma Rotem

**Reversal Strategies**

### Antiplatelet Agents: Aspirin, Clopidogrel, Ticagrelor, Prasugrel

#### Verify Now Therapeutic

- **YES**
  - 1. Give platelet transfusion
  - 2. Recheck Verify Now

- **NO**
  - No additional treatment indicated, monitor INR as clinical condition indicates

### Warfarin

#### INR > 1.5

- **NO**
  - No additional treatment indicated, monitor INR as clinical condition indicates

- **YES**
  - 1. Give 2 units thawed plasma
  - 2. Give vitamin K 10 mg IV over 30 minutes
  - 3. Check INR every 4 hours for the first 24 hours (or more frequently based on clinical condition)
  - 4. Consider Kcentra (PCC)

**FIXED Kcentra dosing for warfarin reversal:**
- 1. Weight < 100 kg AND baseline INR unknown or <7.5 – Give 1500 units.
- 2. Weight ≥100 kg OR baseline INR ≥7.5 – Give 2000 units
- 3. May give 500 units if post-treatment INR >2 or patient has not had a positive clinical response.

### Direct Thrombin Inhibitors: Dabigatran (Pradaxa)

#### Thrombin Time >24 secs

- **NO**
  - No additional treatment indicated, monitor clinical condition

- **YES**
  - 1. Praxbind (Idarucizumab) 5 grams IV x 1 supplied as two 2.5 gram vials (50 mL each). Administer the dose via IV infusion = the two vials should be given within 15 minutes of one another

### Factor Xa inhibitors: Rivaroxaban (Xarelto) Apixaban (Eliquis)

#### if medication taken within previous 48 hours

- **NO**
  - No additional treatment indicated, monitor clinical condition

- **YES**
  - Kcentra (PCC) 25 units/kg via slow IV infusion X 1 (Maximum 2500 units)
  - Head Injury – Refer to Andexanet Alfa (Andexxa) Approval Pathway

**Major Bleeding:** Defined as intracranial hemorrhage or significant decrease in the hemoglobin concentration resulting in hemodynamic compromise or compression of a vital structure and felt to be related to anticoagulation.